

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of ALABAMA

Citation

42 CFR 42.60  
42 CFR 42.62  
50 ER 11712  
1902(a)(30)(C)  
and 1902(d) of the  
Act, P.L. 99-509  
(§ 9431)

4.14 Utilization Quality Control

- (a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

☒ Directly.

☐ By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

☒ Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designated under 42 CFR Part 462.

1902(a)(30)(C)  
and 1902 (d) of  
the Act, P.L. 99-  
509, (§ 9431)

☐ By undertaking quality review of services furnished by HMOs under each contract with an HMO through a private accreditation body.

TN No. 97-04  
Supersedes  
TN No. 93-04

Approval Date APR 15 1997

Effective Date 01/01/97

HCEA ID: 1036P 001

Revision: HCFA-PM-85-3  
May, 1985

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

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Citation

42 CFR 456.2  
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

☐ All hospitals (other than mental hospitals).

☐ Those specified in the waiver.

☒ No waivers have been granted.

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TN No. 85-13Approval Date 05/29/87Effective Date 08/16/85

Supersedes

TN No.

Revision: HCFA-PM-85-7  
July, 1985

(BERC)

OMB No.: 0938-0193

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**State of VIRGINIA

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Citation

42 CFR 456.2  
50 FR 15312

4.14 (c)

The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

☐

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for :

☐

All mental hospitals.

☐

Those specified in the waiver.

☒

No waivers have been granted.

☐

Not applicable. Inpatient services in mental hospitals are not provided under this plan.

TN No. 85-14Approval Date 09/05/85Effective Date 09/30/85

Supersedes

TN No. \_\_\_\_\_

HCFA ID: 0048P/0002P

May 1997

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF VIRGINIA

CITATION

42 CFR 456.2  
50 FR 15312

4.14 (d)

The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.



Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.



Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:



All skilled nursing facilities.



Those specified in the waiver.



No waivers have been granted.

TN No 97-04  
Supersedes  
TN No 85-13

Approval Date APR 15 1997

Effective Date 01/01/97

HCEA ID 0048P 0002P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF VIRGINIA

CHAPTER

8414



(c)

The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services is provided through:

☐ Facility-based review

☒ Direct review by personnel of the medical assistance unit of the State agency

☒ Personnel under contract to the medical assistance unit of the State agency.

☐ Utilization and Quality Control Peer Review Organizations.

☐ Another method as described in ATTACHMENT 4.14-A.

☐ Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

☐ Not Applicable. Intermediate care facility services are not provided under this plan.

Note:

The program will allow a maximum of ten (10) administrative days for placement and transfer from NF to community in order to make an orderly transfer or placement possible without potential harm or trauma to the patient in accordance with 42 CFR 456.4.

Note:

One of the semiannual utilization reviews required by 42 CFR 456.434(b)(1) for ICF/MR recipients will be conducted by the Virginia Department of Health as part of the inspection of care visit. The second utilization review will be conducted by personnel of the Medical Assistance unit of the State agency.

IN No. 97-04  
Supersedes

IN N 80-27

Approval Date APR 15 1997

Effective Date 07 of 97

August, 1997

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF VIRGINIA

Chapter 4

4.14 Utilization Quality Control (Continued)

1902(a)(30) and  
1902(d) of the  
Act, P.L. 99-509  
(Section 9431),  
P.L. 99-203  
(Section 4113)

(f) The Medicaid agency meets the requirements of 1902(a)(30) of the Act for control of the assurance of quality furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

- ☒ A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.
- ☐ A private accreditation body.
- ☐ An entity that meets the requirements of the Act, as determined by the Secretary.

The Medicaid agency certifies that the entity in the preceding subcategory under 4.14(f) is not an agency of the State.

TN No. 97-04

Approval Date APR 15 1997

Effective Date 01/01/97

Supersedes

TN No. 93-04